

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010513

Entity Name: T.A.J. L.L.C.

FILED  
Mar 17, 2009  
Secretary of State

## Current Principal Place of Business:

4801 S. UNIVERSITY DR, SUITE 2200A  
DAVIE, FL 33328

## New Principal Place of Business:

4801 S. UNIVERSITY DR, SUITE 209A  
DAVIE, FL 33328

## Current Mailing Address:

4801 S. UNIVERSITY DR, SUITE 2200A  
DAVIE, FL 33328

## New Mailing Address:

P.O. BOX 820066  
SOUTH FLORIDA, FL 33082

FEI Number: 20-2219966

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAYLOR, TENESHIA  
4801 S. UNIVERSITY DRIVE  
2200A  
DAVIE, FL 33328 US

## Name and Address of New Registered Agent:

TAYLOR, TENESHIA  
4801 S. UNIVERSITY DRIVE  
209A  
DAVIE, FL 33328 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TENESHIA TAYLOR

03/17/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: TAYLOR, ANN  
Address: PO BOX 820066  
City-St-Zip: SOUTH FLORIDA, FL 330820066

Title: MGRM ( ) Delete  
Name: TAYLOR, TENESHIA  
Address: PO BOX 820066  
City-St-Zip: SOUTH FLORIDA, FL 330820066

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TENESHIA TAYLOR

MEM

03/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date